

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-084628

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 19 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
JEFFERSON BARRACKS, MO.

Length of stay in 1b
9 DAYS

c. FULL NAME OF (If not in hospital, give name of)
HOSPITAL OR INSTITUTION
VETERANS ADMINISTRATION
HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

c. CITY OR TOWN

2830 TELEGRAPH

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

LEMAY, MISSOURI

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES

F.

SCHOTT

4. DATE OF DEATH

Month

Day

Year

AUGUST

5,

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-28-90

9. AGE (last birthday)

73

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WOOD ASSEMBLER

10b. KIND OF BUSINESS OR INDUSTRY

FURNITURE

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

FRED SCHOTT

13b. MOTHER'S MAIDEN NAME

MARIE MEIER

14. NAME OF HUSBAND OR WIFE

ELIZABETH SCHOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of)

YES

WW-I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MO.

MRS. ELIZABETH SCHOTT, 2830 TELEGRAPH, LEMAY,

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY INFARCT RIGHT LUNG

INTERVAL BETWEEN ONSET AND DEATH

1-3 DAYS

PULMONARY EMBOLI

1-3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEARD DISEASE WITH OLD INFARCT LEFT VENTRICLE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-27-63 to 8-5-63 and saw him die. Death occurred at 12:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M.D. VA HOSP. JEFF. BRKS. MO.

22c. DATE SIGNED

8-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

FEY FUNERAL HOME, MENA, MO

8-6-63

57 LOUIS MO

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300
Rev. 4/59

1 4000

2 4000

3

4 0

5 1

6

7 0

8 1

9 465X

10

11

12 48-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.